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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 10043878

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                      |                                     |                              |                                    |            | SMALL ENTITY  |                        | <b></b> | OTHER THAN          |                        |
|--|--|---|--------------------------------------|-------------------------------------|------------------------------|------------------------------------|------------|---------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS   |  |   | (Column 1)                           |                                     | (Coloniii 2)                 |                                    | ľ          | RATE          | FEE                    | OR      | RATE                | FEE                    |
|  |  |   | 31                                   |                                     |                              |                                    | ŀ          | BASIC FEE     |                        |         |                     | 740.00                 |
| FOR  |  |   | NUMBER FILED                         |                                     | NUMBER EXTRA                 |                                    |            | BASIC FEE     | 370.00                 | OR      | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 31 minus 20=                         |                                     | • 11 Y.                      |                                    |            | X\$ 9=        |                        | OR      | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | ≤ minus 3 =                          |                                     | ) X                          |                                    |            | X42=          |                        | OR      | X84=                |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT                               |                                     |                              |                                    |            | +140=         |                        | OR      | +280=               |                        |
| * If   | the difference                                       | in column 1 is i                          | less than ze                         | ss than zero, enter "0" in column 2 |                              |                                    |            | TOTAL         |                        | OR      | TOTAL               |                        |
|  |  |   |                                      |                                     |                              |                                    |            | ` '           |                        | J       | OTHER               | THAN                   |
|  | 414105   | (Column 1)                                | (Column 2)                           |                                     |                              | (Column 3)                         |            | SMALL         | ENTITY                 | OR      | SMALL               | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUM<br>PREVI                        | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |            | RATE          | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 31                                      | Minus                                | ** 2                                | 31_                          | =                                  |            | X\$ 9=        |                        | OR      | X\$18=              |                        |
|  | Independent  | • 5                                       | Minus                                | ***                                 | 5                            | -                                  |            | X42=          |                        | OR      | X84=                | 44.                    |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= |   |                                      |                                     |                              |                                    |            |               |                        | OR      | +280=               |                        |
|  |  |   |                                      |                                     |                              |                                    |            | TOTAL         |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
|  | ,  | ,   | ADDIT. FEE                           | ·                                   |                              | ADDII. I CC                        |            |               |                        |         |                     |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS                         |                                      | HIG                                 | mn 2)<br>HEST                | (Column 3)                         | 1 1        |               | ADDI-                  |         |                     | ADDI-                  |
|  |  | REMAINING<br>AFTER                        |                                      | PREV                                | MBER<br>IOUSLY               | PRESENT<br>EXTRA                   |            | RATE          | TIONAL                 |         | RATE                | TIONAL                 |
|  |  | AMENDMENT                                 |                                      |                                     | FOR                          | <del> </del>                       | 1          |               | FEE_                   |         |                     | FEE                    |
|  | Total  | *   | Minus                                | **                                  |                              | =                                  | <b>┨</b> ┃ | X\$ 9=        |                        | OR      | X\$18=              |                        |
| A  | Independent  | *   |                                      |                                     | T CL AIM                     | =                                  |            | X42=          |                        | OR      | X84=                | •                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                                      |                                     |                              |                                    | J          | +140=         |                        | OR      | +280=               |                        |
|  |  |   |                                      |                                     |                              |                                    |            | TOTAL         |                        |         | TOTAL               |                        |
|  |  |   |                                      |                                     |                              |                                    |            | ADDIT. FEE    |                        | OR      | ADDIT. FEE          | <u> </u>               |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  |  |   |                                      |                                     |                              |                                    |            |               |                        |         |                     |                        |
| o<br>F   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NU!<br>PREV                         | MBER<br>IOUSLY<br>D FOR      | PRESENT<br>EXTRA                   |            | RATE          | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus                                | **                                  | )                            | =                                  | 1          | X\$ 9=        |                        | OR      | X\$18=              | <u> </u>               |
|  | Independent  | •   | Minus                                | ***                                 |                              | =                                  | 1 !        | X42=          |                        | 1       | X84=                |                        |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                                      |                                     |                              |                                    | ]          | 742=          |                        | OR      | 704-                |                        |
|  |  |   |                                      |                                     |                              |                                    |            | +140=         |                        | OR      | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |                                     |                              |                                    |            |               |                        |         |                     |                        |
| ***  | tf the "Highest Nu<br>The "Highest Nur               | imber Previously F<br>nber Previously Pa  | 'aid For" IN TH<br>uid For" (Total o | IS SPACE<br>Ir Indepen              | is less that<br>dent) is the | an 3, enter "3."<br>e highest numb | er fo      | und in the ap | propriate bo           | x in co | • .                 |                        |
|  |  |   | •                                    |                                     |                              |                                    |            |               |                        |         |                     |                        |